Calendar Year 2008 Summary of Benefits – Retirees Medicare-Eligible
Hanford Employee Welfare Trust (HEWT)

BENEFITS	UnitedHealthcare Medical Plan For Retirees Medicare-Eligible (Over Age 65)
Annual Out-of-Pocket Maximum	$750 per person, including deductible
Deductible – In Network Out-of-Network	$100 per person per year
Maximum Plan Benefit	$250,000
Coinsurance – In Network Out-of-Network	85% / 15% coinsurance for most services.
Office Visit/Urgent Care	85% / 15% coinsurance for most services.
Preventive Care	85% / 15% coinsurance (Services received in a physician's office. Limited to $400 peer calendar year.)
Laboratory and X-Ray Services	85% / 15% coinsurance for most services.
Chiropractic Care	85% / 15% coinsurance for most services.
Prescription Drugs	(Provided by Express Scripts, Inc.) Retail: (up to a 30-day supply) Generic $ 7 copay Brand Name Preferred $25 copay Brand, Non-preferred $40 copay Mail Order: (up to a 90-day supply) Generic $14 copay Brand Name Preferred $50 copay Brand Name Non-preferred $80 copay

*85% indicates amount covered by the insurance company according to the contract; 15% indicates amount covered by claimant.

Note: Benefits are covered only when Medicare criteria is met. This is a brief summary only. For more detailed information, please refer to the summary plan description of benefits or contract.

Calendar Year 2008 Summary of Benefits – Retirees Medicare-Eligible
Hanford Employee Welfare Trust (HEWT)

BENEFITS	UnitedHealthcare Medical Plan For Retirees Medicare-Eligible (Over Age 65)
Inpatient Hospital	85% / 15% coinsurance $100 per admission.
Outpatient Hospital	85% / 15% coinsurance
Emergency Care	85% / 15% coinsurance subject to deductible $75 co-pay each visit (Does not apply to Out of Pocket Maximum.)
Ambulance	In and Out-of-Network: Emergency: 85 / 15% Non-emergency: 60 / 40%
Durable Medical Equipment	85% / 15% coinsurance
Rehabilitation Services	85% / 15% coinsurance
Mental Health Services	85% / 15% coinsurance
Chemical Dependency	50% coinsurance
Routine Eye Exam and Refractions	Not covered.
Optical Hardware	Not covered.

*85% / 60% indicates amount covered by the insurance company according to the contract; 15% / 40% indicates amount covered by claimant.

Note: Benefits are covered only when Medicare criteria is met. This is a brief summary only. For more detailed information, please refer to the summary plan description of benefits or contract.